2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2021
Secretary of State
5902053163CC

DOCUMENT# F06000007933

Entity Name: ALITHYA FULLSCOPE SOLUTIONS, INC.

Current Principal Place of Business:

2500 NORTHWINDS PARKWAY
SUITE 600
ALPHARETTA, GA 30009

Current Mailing Address:

2500 NORTHWINDS PARKWAY
SUITE 600
ALPHARETTA, GA 30009 US

FEI Number: 38-3479107

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	TREASURER/CFO
Name	SMITH, RUSSELL	Name	THIBAULT, CLAUDE
Address	2500 NORTHWINDS PARKWAY SUITE 600	Address	2500 NORTHWINDS PARKWAY SUITE 600
City-State-Zip:	ALPHARETTA GA 30009	City-State-Zip:	ALPHARETTA GA 30009
Title	SECRETARY	Title	DIRECTOR
Name	FORCIER, NATHALIE	Name	SMITH, RUSSELL
Address	2500 NORTHWINDS PARKWAY SUITE 600	Address	2500 NORTHWINDS PARKWAY SUITE 600
City-State-Zip:	ALPHARETTA GA 30009	City-State-Zip:	ALPHARETTA GA 30009
Title	DIRECTOR	Title	DIRECTOR
Name	THIBAULT, CLAUDE	Name	ROUSSEAU, CLAUDE
Address	2500 NORTHWINDS PARKWAY SUITE 600	Address	2500 NORTHWINDS PARKWAY SUITE 600
City-State-Zip:	ALPHARETTA GA 30009	City-State-Zip:	ALPHARETTA GA 30009
Title	CEO	Title	COO
Name	RAYMOND, PAUL	Name	ROUSSEAU, CLAUDE
Address	2500 NORTHWINDS PARKWAY SUITE 600	Address	2500 NORTHWINDS PARKWAY SUITE 600
City-State-Zip:	ALPHARETTA GA 30009	City-State-Zip:	ALPHARETTA GA 30009

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NATHALIE FORCIER SECRETARY 04/05/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	CHIEF INFORMATION OFFICER
Name	LAMARRE, ROBERT
Address	2500 NORTHWINDS PARKWAY SUITE 600
City-State-Zip:	ALPHARETTA GA 30009

Title	CHIEF LEGAL OFFICER
Name	FORCIER, NATHALIE
Address	2500 NORTHWINDS PARKWAY SUITE 600
City-State-Zip:	ALPHARETTA GA 30009